

2001 Open Enrollment for 2002

Regular Employee Guide

This guide explains your benefits (following the layout of your open enrollment form), what's changing in 2002 and the changes you can make to your coverage. It also lists who to contact if you have any questions in the Resource Directory on the last two pages.

What's changing in 2002

In 2002 there are three changes to medical plans and, because of utilization rates, adjustments to the cost of enhanced life and long term disability (LTD) insurance.

- For all medical plans, the chemical dependency treatment maximum increases from \$10,326 to \$10,680 in any consecutive 24 months
- For the PacifiCare Choice and HMO plans, there is a \$50 copay for smoking cessation
- For the VM/GH Alliant plan, the copay for an emergency room visit changes from \$50 (waived if admitted) to \$75 for a network facility (waived if admitted); \$125 for a non-network facility
- Due to fewer claims, the cost of enhanced life insurance decreases ten percent
- Due to more claims, the cost of enhanced LTD increases from \$4 to \$9.40 per month.

If you decide to ...

- Change medical coverage see pages 2-5
- Drop or reduce enhanced life insurance 8
- Change enhanced accidental death and dismemberment insurance 9
- Add or drop enhanced long term disability 9
- Add or drop family members from coverage 10
- Update your insurance beneficiaries 10
- Participate in a flexible spending account separate FSA Guide

Mark and return your open enrollment form **by Friday, November 2** to:

Benefits & Well-Being
Yesler Building YES-HR-0500
400 Yesler Way
Seattle WA 98104-2683

Changes and FSA enrollment become effective January 1, with the exception of dropped family members (determined by qualifying event date) and updated insurance beneficiaries (change is immediate). If you change medical plans and:

- Don't receive your new medical card by the end of December, contact your new plan.
- Can't get a new plan booklet on the Web, circle the plan on your form and a booklet will be mailed to you.

No changes? Not participating in an FSA? Do nothing -- simply keep all materials for reference.

This guide is not a complete description of each plan. More details about each benefit are in your plan booklets, available at www.metrokc.gov/ohrm/benefits or in alternate formats from Benefits & Well-Being. Although we've made every effort to ensure this guide is accurate, provisions of the official plan documents and contracts will govern in the case of any discrepancy. As explained in the plan booklets, the benefit program is subject to review and may be modified or terminated at any time for any reason. This guide does not create a contract of employment between King County and any employee.



■ Medical

Do you want to change medical coverage? You may choose from five plan options or you may opt out of medical and receive an additional \$65 in monthly pay taxed as ordinary income. The option you select is the option your family members receive.

To opt out of medical coverage you must have coverage through another employer's health care plan and submit a copy of the other medical plan card with your open enrollment form. If you opt out and don't provide a copy of the card, you'll remain enrolled in your current plan. (If you opt out of medical coverage, you may opt back in if you lose the other coverage and return a completed Request to Opt Back in Medical Coverage Form to Benefits & Well-Being within 60 days of losing coverage.)

Generally, the plans on the left in the following tables offer a greater selection of covered providers but lower benefit levels. Plans on the right offer higher benefit levels but less selection of covered providers. As you compare the KingCare (Aetna/Ethix) Basic and Preferred Plans please be advised the only advantage to the Basic Plan is lower premiums for employees who pay for medical coverage (part-time Local 587 employees with Plan 1 or Plan 3 benefits, COBRA participants and retirees). Regular employees, full-time Local 587 employees and part-time Local 587 employees with Plan 2 benefits do not pay for medical coverage.

Plan Feature	KingCare (Aetna/Ethix) Basic Plan	KingCare (Aetna/Ethix) Preferred Plan	PacifiCare Choice Plan	PacifiCare HMO	VM/GH Alliant Plan
Provider choice	Your choice of providers; you receive higher coverage when you see network providers	Your choice of providers; you receive higher coverage when you see network providers	Your choice of providers; you receive higher coverage when your PCP* coordinates or provides your care	Your PCP* coordinates or provides all of your care	Your PCP* coordinates or provides all of your care
Annual deductible	\$250/person; \$750/family	\$50/person; \$150/family	None	None	None
Annual out-of-pocket maximum/person	\$800 network; \$1,600 non-network	\$400 network; \$1,200 non-network	\$0 network; \$1,600 non-network	\$0 network; no coverage non-network	\$1,000 network; no coverage non-network
Lifetime maximum	\$2,000,000	\$2,000,000	\$2,000,000	No limit	No limit

* PCP means your primary care physician.

Plan Feature	KingCare (Aetna/Ethix) Basic Plan	KingCare (Aetna/Ethix) Preferred Plan	PacifiCare Choice Plan	PacifiCare HMO	VM/GH Alliant Plan
Alternative care	80% network; 60% non-network	90% network; 70% non-network	100% after \$10 copay/visit PCP-directed*; 100%, after \$20 copay/visit self-directed	100% after \$10 copay/visit PCP-directed*; 100%, after \$20 copay/visit self-directed	100% after \$10 copay/visit for specific services; PCP referral required
Chemical dependency treatment	80% network; 60% non-network; \$10,680 max/24 mos	100% network; 70% non-network; \$10,680 max/24 mos	100% Behavioral Health-directed; 60% self-directed; \$10,680 max/24 mos	100% (Behavioral Health must refer); \$10,680 max/24 mos	100% for inpatient; 100% after \$10 copay/visit for outpatient; \$10,680 max/24 mos
Chiropractic care (as with most other benefits, must be medically necessary)	80% network; 60% non-network; up to 33 visits/yr; limited to diagnosis and treatment of musculoskeletal disorders	90% network; 70% non-network; up to 33 visits/yr; limited to diagnosis and treatment of musculoskeletal disorders	100% after \$10 copay/visit PCP-referred; 100% after \$20 copay/visit self-directed network or non-network; up to 33 self-directed visits/yr	100% after \$10 copay/visit; must use network provider	100% after \$10 copay/visit; must use network provider
Circumcision	80% network; 60% non-network	90% network; 70% non-network	100% PCP-directed; 60% self-directed	100%	100%
Durable medical and diabetic equipment (prior approval required)	80%	80%	80% PCP-directed; 50% self-directed	100%	80%
Emergency care (in an emergency room)	80% after \$50 copay/visit (waived if admitted)	90% after \$50 copay/visit (waived if admitted)	100% after \$50 copay/visit (waived if admitted)	100% after \$50 copay/visit (waived if admitted)	100% after \$75 copay/visit at a network facility (waived if admitted); \$125 copay/visit at a non-network facility
Emergency care while traveling	Emergency care is covered at network levels whether you see a network or non-network provider	Emergency care is covered at network levels whether you see a network or non-network provider	Emergency care is covered at network levels whether you see a network or non-network provider	Emergency care is covered at network levels whether you see a network or non-network provider	Emergency care is covered at network levels whether you see a network or non-network provider
Hospital care	80% network; 60% non-network	90% network; 70% non-network	100% PCP-directed; 60% self-directed	100%	100%

Plan Feature	KingCare (Aetna/Ethix) Basic Plan	KingCare (Aetna/Ethix) Preferred Plan	PacifiCare Choice Plan	PacifiCare HMO	VM/GH Alliant Plan
Infertility	80% network; 60% non-network; limited to specific services and \$25,000 lifetime max	90% network; 70% non-network; limited to specific services and \$25,000 lifetime max	Not covered	Not covered	Not covered
Lab, x-rays and other diagnostic testing	80% network; 60% non-network	90% network; 70% non-network	100%	100%	100%
Massage therapy (as with most other benefits, must be medically necessary)	80% network; 60% non-network; physician prescribed only (after 20 visits Aetna reviews)	90% network; 70% non-network; physician prescribed only (after 20 visits Aetna reviews)	100% after \$10 copay/visit network; 100% after \$20 copay/visit non-network; PCP referral required	100% after \$10 copay/visit; PCP referral required; must use network provider	100% after \$10 copay/visit; PCP referral required; must use network provider
Mental health care – inpatient	80% network; 60% non-network; up to 30 days/yr	90% network; 70% non-network; up to 30 days/yr	100% (Behavioral Health must refer); 60% self-directed; up to 30 days/yr	100% up to 30 days/yr (Behavioral Health must refer)	80% up to 12 days/yr
Mental health care – outpatient	50% up to 52 visits/yr (when deemed appropriate, unused visits may be traded for unused inpatient days)	50% up to 52 visits/yr (when deemed appropriate, unused visits may be traded for unused inpatient days)	50% up to 52 visits/yr (Behavioral Health must refer); 50% up to 9 visits/yr self-directed	100% after \$10 copay/visit, up to 30 visits/yr (Behavioral Health must refer)	100% after \$20 copay/individual, family or couple for each visit and \$10 copay/group session (up to 20 visits/yr)
Out-of-area coverage for your children away at school	Same benefits you receive at home, through Aetna's national provider network	Same benefits you receive at home, through Aetna's national provider network	Outside PacifiCare's service area benefits are slightly different; for example, most services are covered at 80%	Outside PacifiCare's service area benefits are slightly different; for example, most services are covered at 80%	In E and SW WA and N OR care is available through associated HMOs; in all other areas only emergency care is covered
Physician and other medical and surgical services**	80% network; 60% non-network	90% network; 70% non-network	100% after \$10 copay/visit PCP-directed; 100% after \$20 copay/visit self-directed	100% after \$10 copay/visit	100% after \$10 copay/visit

Plan Feature	KingCare (Aetna/Ethix) Basic Plan	KingCare (Aetna/Ethix) Preferred Plan	PacifiCare Choice Plan	PacifiCare HMO	VM/GH Alliant Plan
Prescription drugs – network (must use participating pharmacies)	100% after \$5 copay generic/30-day supply; \$10 copay brand name/30-day supply	100% after \$5 copay generic/30-day supply; \$10 copay brand name/30-day supply	100% after \$5 copay generic/30-day supply; \$10 copay brand name/30-day supply	100% after \$5 copay generic/30-day supply; \$10 copay brand name/30-day supply	100% after \$5 copay generic/30-day supply; \$10 copay brand name/30-day supply
Prescription drugs – mail order	100% after \$10 copay/100-day supply	100% after \$10 copay/100-day supply	100% after \$10 copay/90-day supply	100% after \$10 copay/90-day supply	100% after \$5 copay generic or \$10 copay brand name; 30-day supply
Preventive care (such as routine exams and immunizations)	100% network; 60% non-network	100% network; 70% non-network	100% after \$10 copay/visit PCP-directed; not covered self-directed	100% after \$10 copay/visit	100%
Skilled nursing facility	80% network; 60% non-network	90% network; 70% non-network	100% PCP-directed; 60% self-directed; up to 100 days/yr	100% up to 100 days/yr	100% (when pre-authorized)
Smoking cessation -- sessions	80% network; 60% non-network; \$500 lifetime max	90% network; 70% non-network; \$500 lifetime max	100% after \$50 copay/network program	100% after \$50 copay/network program	100% network provider; 1 program/yr max
Smoking cessation -- nicotine replacement	If prescribed and full course of treatment completed	If prescribed and full course of treatment completed	100% after \$20 copay for one 4-week supply if prescribed by PCP	100% after \$20 copay for one 4-week supply if prescribed by PCP	100% or \$5 copay/30-day supply (whichever is less) for network program

** Your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from mastectomy (including lymphedema). Call the medical plan for more information.

■ Dental

Your dental coverage is provided through Washington Dental Service (WDS).

WDS increases your payment levels through its incentive program when you regularly see your dentist. For diagnostic and preventive services as well as basic and restorative services, the payment level starts at 70% and increases 10% for each calendar year until you reach 100% (as long as you visit your dentist each year). For major restorative services the payment level increases from 70% to 80%, then to 85%. If you do not see the dentist during the calendar year, your payment level is reduced to the next lower payment level, but never below 70%.

Washington Dental Service	
Annual deductible (doesn't apply to diagnostic and preventive services)	\$25/person, \$75/family
Annual maximum benefit (doesn't apply to orthodontic or TMJ services)	\$2,000/person
Covered Expenses	Plan Pays
Diagnostic and preventive services (for example, exams, cleanings, x-rays)	70% - 100% (deductible doesn't apply) Based on patient's incentive level; see dental booklet for details
Basic services (for example, fillings, crowns, extractions, root canals)	70% - 100% Based on patient's incentive level; see dental booklet for details
Major services – restorative (for example, crowns, onlays)	70% - 85% Based on patient's incentive level; see dental booklet for details
Major services – prosthodontics (for example, dentures, implants, fixed bridges)	70%
Orthodontic services (for adults and children)	50%, up to a \$2,500 lifetime benefit maximum (deductible doesn't apply; this benefit doesn't apply to the annual maximum benefit)
Other Services	
• Temporomandibular joint disorder (TMJ)	50%, up to a \$500 lifetime maximum for non-surgical treatment and appliances (this benefit doesn't apply to the annual maximum benefit)
• Nightguards	50%

Vision

Your vision coverage is provided through Vision Service Plan (VSP).

Vision Service Plan		
Covered Expenses	If you see a VSP provider, you pay a \$10 copay and the plan pays ...	If you see a non-VSP provider, you pay the bill in full and the plan reimburses you the following amounts minus the \$10 copay ...
Exams (once every 12 months)	100%	Up to \$40
Lenses (1 pair every 12 months) <ul style="list-style-type: none"> Single vision Bifocal Trifocal Lenticular Progressive Tints Coatings 	100% 100% 100% 100% 100% 100% 100%	Up to \$40 Up to \$60 Up to \$80 Up to \$125 Not covered Up to \$5 Not covered
Frames (once every 24 months)	100% (selected frames)	Up to \$45
Contacts (1 pair every 12 months in place of eyeglass lenses and frames) <ul style="list-style-type: none"> Elective Medically necessary 	100%, up to \$105 100%	Up to \$105 Up to \$210

■ Basic Life Insurance for You

You automatically receive county-paid basic life insurance. If you die for any reason, the beneficiaries you designate receive a lump sum equal to your base annual salary (rounded to the next higher \$1,000). The benefit increases as your salary increases.

■ Enhanced Life Insurance for You

Do you want to drop or reduce the enhanced life insurance you purchase for yourself? You may not add or increase it again until 2003 open enrollment for 2004, but you may drop or reduce it now (or anytime). If you make a change, mark any amount on your open enrollment form that is less than your current amount.

If you die for any reason, the beneficiaries you designate receive the amount you elect in addition to your county-paid basic life benefit. Your enhanced life insurance (and basic, too) automatically increases as your salary increases. The maximum combined basic and enhanced life insurance coverage you may have is \$400,000.

■ Enhanced Life Insurance for Family Members

Do you want to drop or reduce the enhanced life insurance you purchase for family members? You may not add or increase it again until 2003 open enrollment for 2004, but you may drop or reduce it now (or anytime). If you make a change, mark any amount on your open enrollment form that is less than your current amount. If a family member dies for any reason, you are the beneficiary. (You must purchase enhanced life insurance for yourself to purchase it for family members.)

Cost of enhanced life insurance for you and your spouse/domestic partner (DP) is based on your age. Cost for children's coverage is \$.45 a month regardless of the number of children covered. If you and your spouse both work for King County, you cannot elect enhanced life for each other and only one of you may elect it for your children.

Your Age	Cost/\$1,000
Under 25	\$.045
25-29	\$.054
30-34	\$.072
35-39	\$.072
40-44	\$.090
45-49	\$.144
50-54	\$.216
55-59	\$.387
60-64	\$.594
65-69	\$1.143
70+	\$1.854

To calculate your total monthly cost for enhanced life ...

- Enter your base annual salary 1. \$ _____
- Enter your enhanced election (1, 2, 3 or 4) 2. _____
- Multiply line 1 by line 2 and enter 3. \$ _____
- Round line 3 to the next \$1,000 and enter 4. \$ _____
- Drop the last 3 zeroes from amount on line 4 (divide by 1,000)
and enter 5. \$ _____
- Enter cost/\$1,000 for your age 6. \$ _____
- Multiply line 5 by line 6 and enter cost of enhanced life for you 7. \$ _____
- If you elect enhanced life for spouse/DP enter .5; if not, enter 0 8. _____
- Multiply line 7 by line 8 and enter the cost of enhanced life for
your spouse/DP 9. \$ _____
- If you elect enhanced life for children enter \$.45; if not, enter 0 10. \$ _____
- Add lines 7, 9 and 10 for **TOTAL MONTHLY COST** \$ _____

■ Basic Accidental Death and Dismemberment Insurance for You

You automatically receive county-paid basic AD&D insurance. If you die in a covered accident, the beneficiaries you designate receive a benefit equal to your base annual salary (rounded to the next higher \$1,000) up to a maximum of \$400,000. If you are dismembered or paralyzed, you receive an amount that depends on the type of loss. The benefit increases as your salary increases.

■ Enhanced Accidental Death and Dismemberment Insurance for You

Do you want to change the enhanced AD&D insurance you purchase for yourself? You may add, increase, drop or reduce it now (you may drop or reduce it anytime). Evidence of insurability (EOI) is not required.

If you die in a covered accident, the beneficiaries you designate receive the amount you elect in addition to your county-paid basic AD&D insurance benefit. If you are dismembered or paralyzed, you receive a portion of the enhanced amount that depends on the type of loss in addition to your county-paid basic AD&D insurance benefit.

■ Enhanced Accidental Death and Dismemberment Insurance for Family Members

Do you want to change the enhanced AD&D insurance you purchase for family members? You may add, increase, drop or reduce it now (you may drop or reduce it anytime). EOI is not required. If a family member dies, is dismembered or is paralyzed as a result of a covered accident, you are the beneficiary. (You must purchase enhanced AD&D insurance for yourself to purchase it for your family.)

If you elect this enhanced amount	Cost for you only	Cost for spouse/DP at 50% of your amount	Cost for spouse/DP at 100% of your amount	Cost for all children at 10% of your amount
\$500,000	\$10.00	\$5.00	\$10.00	\$3.00
\$450,000	\$ 9.00	\$4.50	\$ 9.00	\$2.70
\$400,000	\$ 8.00	\$4.00	\$ 8.00	\$2.40
\$350,000	\$ 7.00	\$3.50	\$ 7.00	\$2.10
\$300,000	\$ 6.00	\$3.00	\$ 6.00	\$1.80
\$250,000	\$ 5.00	\$2.50	\$ 5.00	\$1.50
\$200,000	\$ 4.00	\$2.00	\$ 4.00	\$1.20
\$150,000	\$ 3.00	\$1.50	\$ 3.00	\$.90
\$100,000	\$ 2.00	\$1.00	\$ 2.00	\$.60
\$ 50,000	\$ 1.00	\$.50	\$ 1.00	\$.30

■ Enhanced Long Term Disability Insurance for You

Do you want to add or drop enhanced LTD for yourself? You may add or drop it now (you may drop it anytime).

You automatically receive county-paid **basic** LTD. If you become disabled, unable to work and apply for LTD, the benefit combines with other sources of disability income to replace 60% of your monthly predisability earnings after a 180-day waiting period. The maximum benefit is \$6,000 a month.

If you elect **enhanced** LTD, you pay \$9.40 a month in 2002 and it reduces your waiting period to 90 days and increases the maximum benefit to \$7,200 a month.

■ Benefit Eligible Family Members

Do you want to add eligible family members for coverage under your benefit plans? Do you want to drop family members from coverage? If so, indicate in the spaces provided on your open enrollment form. (If you delete a spouse/domestic partner, attach a Statement of Termination of Marriage/Domestic Partnership to your open enrollment form. The form is available at www.metrokc.gov/ohrm/benefits or from Benefits & Well-Being.)

The following family members are eligible under your coverage if you enroll them:

- Your spouse/domestic partner (copy of marriage certificate or an Affidavit of Marriage/Domestic Partnership must be filed with Benefits & Well-Being; affidavit on back of open enrollment form)
- Unmarried children of you or your spouse/domestic partner who are:
 - Under age 23 and chiefly dependent on you for support and maintenance (generally, that means you claim them on your federal tax return). A child may be your natural child, adopted child, stepchild, legally designated ward, child placed with you as legal guardian, child legally placed with you for adoption, or a child for whom you assume total or partial legal obligation for support in anticipation of adoption.
 - Named in Qualified Medical Child Support Order as defined under federal law and authorized by plan.

There is no cost to cover family members, but when you cover a domestic partner (DP) and DP's children for health benefits (medical, dental, vision) the IRS taxes you on the value of the coverage. To do this, the value of the coverage is added to the salary shown on your paycheck (and W-2 at the end of the year), federal income tax is withheld on the higher salary amount and then the value is subtracted from your salary. Here are the taxable values of the different combinations of health plans.

Health Plans	DP Only		DP's Children		DP & DP's Children	
	2001	2002	2001	2002	2001	2002
KingCare (Aetna/Ethix) Basic, WDS & VSP	\$291.78	\$330.48	\$233.42	\$264.38	\$525.20	\$594.86
KingCare (Aetna/Ethix) Preferred, WDS & VSP	\$332.78	\$377.68	\$266.22	\$302.14	\$599.00	\$679.82
PacifiCare Choice, WDS & VSP	\$313.46	\$345.11	\$250.80	\$276.13	\$564.27	\$621.24
PacifiCare HMO, WDS & VSP	\$279.45	\$307.35	\$223.56	\$245.88	\$503.02	\$553.23
VM/GH Alliant, WDS & VSP	\$298.10	\$349.46	\$238.49	\$279.58	\$536.58	\$629.04
WDS & VSP (Opted Out of Medical)	\$ 59.44	\$ 63.00	\$ 47.55	\$ 50.40	\$106.99	\$113.40

■ Insurance Beneficiaries

Do you want to update your insurance beneficiaries? You may update beneficiaries anytime, but your open enrollment form provides space for you to update them now if necessary. (Your beneficiaries are not in a database, so they're not printed on your form. Refer to the copy of the last beneficiary form you submitted for current beneficiary information. Always keep copies of beneficiary and other forms for your records.)

You can designate primary and contingent beneficiaries. If your primary beneficiaries are not alive at the time of your death, your contingent beneficiaries receive your benefit. If you name multiple beneficiaries in either category (primary or contingent), their shares must add up to 100%. List beneficiaries in both sections of the form even if they are the same for both life and AD&D.

If you're married and you do not choose to list your spouse as your only primary beneficiary for either life or AD&D insurance, your spouse must sign the Spouse Waiver section of the form.

■ Affidavit of Marriage/Domestic Partnership

Complete this section of your open enrollment form if you need to document a marriage or domestic partnership.

Resource Directory

Questions About ...	Contact ...
General Benefits <ul style="list-style-type: none"> • Health and life insurance plans • PERS enrollment • Flexible Spending Account enrollment • Change forms • Alternate formats 	Benefits & Well-Being Yesler Building YES-HR-0500 400 Yesler Way, Seattle WA 98104-2683 Phone 206-684-1556* ■ 1-800-325-6165 x41556* ■ Fax 206-684-1925 E-mail kc.benefits@metrokc.gov Web www.metrokc.gov/ohrm/benefits
Medical <ul style="list-style-type: none"> • Providers (doctors, hospitals, pharmacies, mail order prescriptions, etc.) • Filing claims • Other plan details (covered expenses, limitations, exclusions, preauthorization) 	KingCare PO Box 91023, Seattle WA 98111-9123 Phone 1-800-654-3250* x77020 ■ 206-701-1100* E-mail kingcare@aetna.com ■ Web www.kingcare.com Express Scripts mail order Rx for KingCare PO Box 52123, Phoenix AZ 85027-2123 Phone 1-888-201-5853* ■ 1-800-296-2956* (refills) E-mail thru Web www.express-scripts.com PacifiCare PO Box 3005, Hillsboro OR 97123 Phone 1-800-932-3004* E-mail thru Web www.pacificare.com Prescription Solutions mail order Rx for PacifiCare PO Box 9040, Carlsbad CA 92018-9040 Phone 1-800-562-6223* E-mail thru Web www.pacificare.com Virginia Mason/Group Health Alliant PO Box 1207, Seattle WA 98111-1207 Phone 1-800-442-4038* E-mail info@ghc.org Web www.ghc.org/web/health_plans/alliance/allisel.jhtml
Dental <ul style="list-style-type: none"> • Providers • Filing claims • Other plan details 	Washington Dental Service PO Box 75688, Seattle WA 98125-0688 Phone 1-800-554-1907* ■ 206-522-2300* E-mail cservice@deltadentalwa.com ■ Web www.deltadentalwa.com
Vision <ul style="list-style-type: none"> • Providers • Filing claims • Other plan details 	Vision Service Plan PO Box 997100, Sacramento CA 95899-7100 Phone 1-800-877-7195* E-mail thru Web www.vsp.com
Public Employees Retirement System (PERS) <ul style="list-style-type: none"> • General information • Beneficiary designation • Beneficiary and address changes 	Washington State Department of Retirement Systems PO Box 48380, Olympia WA 98504-8380 Phone 1-800-547-6657 ■ 360-664-4700 ■ 360-586-5450 (TTY) E-mail recep@drs.wa.gov ■ Web www.wa.gov/drs/drs.html

* TTY 1-800-833-6388 (Washington Relay Service)

Questions About ...	Contact ...
Flexible Spending Account Processing <ul style="list-style-type: none"> Account balances Reimbursement 	Associated Administrators Inc./AAI PO Box 3199, Portland OR 97208-3199 Phone 1-800-334-4340* ■ Fax 1-800-979-8987 E-mail flex@aai-tpa.com
Deferred Compensation <ul style="list-style-type: none"> Enrollment Changes (beneficiaries, contributions, allocations, etc.) Quarterly work site seminars 	T. Rowe Price PO Box 17215, Baltimore MD 21297-1215 Phone 1-888-457-5770* E-mail thru Web rps.troweprice.com/kingcounty/retirementplan/
Counseling & Resource Referral <ul style="list-style-type: none"> Personal, family and work problems Financial and legal matters Child care, elder/adult care 	Making Life Easier Phone 1-888-874-7290* (24 hours a day, seven days a week)
Mildly Ill Child Care	Virginia Mason's Tender Loving Care Lindeman Pavilion (ninth floor) 1201 Terry Ave., Seattle WA 98101 Phone 206-583-6521* E-mail thru Web www.virginiamason.org/dbchildrens/sec2778.htm
Mortgage Assistance	Home Mortgage Assistance Program Phone 1-888-656-1733* Web www.metrokc.gov/ohrm/benefits/all/mle.htm#mortgage
Employee ID/Keycard/Bus Pass <ul style="list-style-type: none"> Department ID coordinators Replacements 	Department of Construction and Facility Management Room 206 King County Administration Building 500 Fourth Ave., Seattle WA 98104 Phone 206-296-0104* Room G0263 at the Regional Justice Center 401 Fourth Ave. N, Kent WA 98032 Phone 206-205-8802*
Employee Transportation Program <ul style="list-style-type: none"> Discounted ferry passes Vanpool subsidy Carpool, bike and walk incentives Ridematching services Home Free Guarantee ride home 	Employee Transportation Program Yesler Building YES-TR-0600 400 Yesler Way, Seattle WA 98104-2683 Phone 206-263-4575* E-mail emtrans@metrokc.gov Web www.metrokc.gov/ohrm/benefits/all/etp.htm
Credit Unions	King County Credit Union Multiple locations Phone 1-800-248-6928* Web www.kccu.com MetroPacific Community Credit Union Multiple locations Phone 1-800-538-0607* E-mail thru Web www.mpccu.org

* TTY 1-800-833-6388 (Washington Relay Service)